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ABSTRACT

The four-section manual provides resource materials for writing individualized assessment reports in the field of special education. The first section discusses the purpose and outcomes of the assessment process. In section two the functions of assessment are explored including a statement of the need for a clear, concise assessment reporting; and an overview of assessment from the perspective of placement and programing decision-making. Section three gives a suggested format for a step-by-step approach, and several practice exercises to improve assessment writing. The final section discusses the law and the assessment process, listing the requirements of Public Law 94-142 pertaining to assessment functions. Appended are a paper entitled "A Further Exploration of the Two Purposes of Assessment", and an annotated bibliography. (PHR)

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Writing Individualized Assessment Reports In Special Education: A Resource Manual

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PREFACE

This resource manual for writing individualized assessment reports in special education was developed by NASDSE, Inc. in cooperation with the Ohio Department of Education, Division of Special Education, and a number of individuals who contributed to its content, development, and field testing.

The manual was first field tested in a June, 1978 workshop sponsored by the Ohio Department of Education for special education administrators and assessment personnel. Revisions were made based on that group's feedback and subsequent input from a number of leading assessment persons around the nation. The final product reflects contributions made by these persons.

We wish to acknowledge here key contributors to this exhaustive development and field testing process. Appreciation and special thanks are extended to:

- Dr. Jeanette Walker, University of Illinois, Department of Special Education, for her major contributions to the first concept paper which eventually led to this final product;
- Tom Fisher, Ohio Department of Education, for encouraging the development of the manual, for organizing and hosting the first field-test workshop, and for his critical review of the final manuscript;
- Dr. Wayne Greenleaf, School Psychology Consultant, Louisiana Division of Special Education; Dr. Jane R. Mercer, Sociology Department, University of California at Riverside; and Dr. James R. Yates, Chairman, Curriculum and Instruction, College of Education, University of Texas, Austin, for providing verbal comment on the concept and approach taken in this manual;
- Dr. Pat Brady, New Jersey Department of Education; Dr. Jean Leppaluoto, School Psychology Program, San Diego State University; Dr. James M. Eikeland, School Psychology Consultant, Florida Department of Education; and Dr. Alan T. Fisher, Director of Developmental Services, Corpus Christi Independent School District, Texas, for their incisive and important critiques and contributions to the final product;
- Dr. James A. Tucker, Dr. Henry W. Morrow, and W. Alan Coulter, of the Texas Regional Resource Center for major contributions to the manual. These persons added significantly to the concept, content, and format of the manual through their line-by-line critique. They expanded the scope of the manual by providing the referenced paper on purposes of assessment in the Appendix. They were also responsible for securing review of the draft by the prominent persons noted above. These three deserve an extra special word of thanks.

As with most of NASDSE's published products, we owe special recognition to Mrs. Eileen Lavine, Bethesda, Maryland, for working with us through each major stage in the development of the manual and for her assistance in transmitting the final manuscript into this published format.

Dr. Bruce O. Boston, Fairfax, Virginia, and Dr. William Schipper of NASDSE, Inc. are responsible for the original concept of this manual and for major portions of its philosophy, content, and format.

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Introduction to the Manual

Purpose and Audience

This manual was written originally with one major purpose: to help the writers of assessment reports compile and organize their findings about children suspected of having handicapping conditions, and to present this data clearly and concisely to the Individualized Education Program (IEP) teams.

The scope of the publication has now broadened to include more information about the assessment process itself. Report writers will find this broadened perspective informative and useful. In addition, the manual will be helpful for those who conduct assessments of handicapped and suspected handicapped children, regular class teachers, special education program administrators and teachers, teacher trainers, and other special services personnel.

The manual also can be used as a part of the training of regular class teachers who are coping with the requirements of a "least restrictive environment," as well as in training of assessment personnel, assessment report writers, and IEP teams. State education agency personnel may find the manual valuable in performing their broad technical assistance and personnel development functions under P.L. 94-142.

Specifically, the potential readership includes the following individuals who are responsible for gathering and presenting initial child assessment data:

- psychologists,
- education specialists or diagnosticians,
- speech and language pathologists,
- audiologists,
- vision specialists,
- social workers,
- classroom teachers,
- physicians and other health care specialists,
- orthopedic specialists and therapists,
- parents.

Organization of the Manual

The manual focuses on the point at which information is passed from the assessment team to the planners of the IEP. The content concentrates on how to organize and present this information so that the data can be used most effectively in making programming decisions.

In addition, the manual relates federal requirements (P.L. 94-142) to the process and content of the assessment function. The manual does *not* cover the techniques of conducting assessments, the tests used, the roles of team members, or the use of data beyond the initial evaluation.

The manual is organized into four main sections:

I. *Description and Rationale of Assessment*—with the purpose and outcomes of the assessment process;

II. *The Functions of Assessment*—containing a statement of the need for clear, concise assessment reporting, and an overview of assessment from the perspective of placement and programming decision-making;

III. *Synthesizing and Reporting Assessment Information*—giving a suggested format, a step-by-step approach, and several practice exercises to improve assessment report writing; and

IV. *The Law and the Assessment Process*—listing the requirements of P.L. 94-142 regulations that pertain to assessment functions.

A checklist has been provided at the end of Chapter III to help assessment teams evaluate their synthesized report.

Appendix 1 is a paper, "A Further Exploration of the Two Purposes of Assessment," with in-depth discussion of placement and programming decision-making. Appendix 2 is an annotated bibliography on assessment.

I. Description and Rationale of Assessment

OVERVIEW

1. The basic purpose of assessment is to furnish the IEP Team members with relevant data presented clearly and concisely to assist in IEP planning.
2. There are two primary outcomes of a comprehensive assessment:
   a. *descriptive* data to establish a student's special education eligibility, and
   b. *prescriptive* data to determine an appropriate educational program to meet the student's unique needs.
3. "Assessment" is one step in a continuous appraisal process that includes:
   - identification
   - assessment and reporting the results
   - educational planning
   - implementation—ongoing performance measurement
   - periodic re-evaluation

Without meaningful assessment information, educational decisions may be useless or even harmful. Until recently, formal child evaluation data were concerned primarily with one decision—eligibility, and with one consequence—placement. Information gathered focused on answering the question of whether or not the child was eligible for special education services, according to prespecified criteria. The usefulness of the evaluation information for other purposes, such as programming, was limited.

P.L. 94-142 has changed that. It has expanded the decision-making arena of educational planners and consequently has expanded the need for relevant information both (1) to determine eligibility *and* (2) as a basis for creating carefully outlined individualized programs that will meet each child's unique instructional needs. This necessitates changes in the content and in the communication of assessment information.

The content of assessment data must be relevant to both administrative decision-making and educational planning. The form in which these data are communicated must be most useful for those persons who plan individualized education programs (IEPs).

The major premise of this manual is that IEP planning will be strengthened by a reporting system that presents assessment data as a coherent whole. Although the special education community has given considerable attention to assessment and its techniques, little attention has been given to how that information is presented and how to make assessment data useful to those who actually plan and deliver services to children. The manual focuses, therefore, on this communications task.

The Appraisal Process

The complete process by which a student receives special education services consists of a definite sequence of steps to collect data so that decisions can be made regarding the student's eligibility and educational program. For the purposes of this manual, this process is referred to as the *Appraisal Process.*

Assessment is the step between "identification" of the student who may need special intervention, and "educational planning" for that student. Data collected in the assessment stage about the student's physical, cognitive, social/emotional development, and educational performance are used in making decisions about the student's eligibility for special education and recommendations for general instructional programming.

The term *Evaluation* is used here to describe the process that determines how well the student attains the objectives and goals set in the IEP.

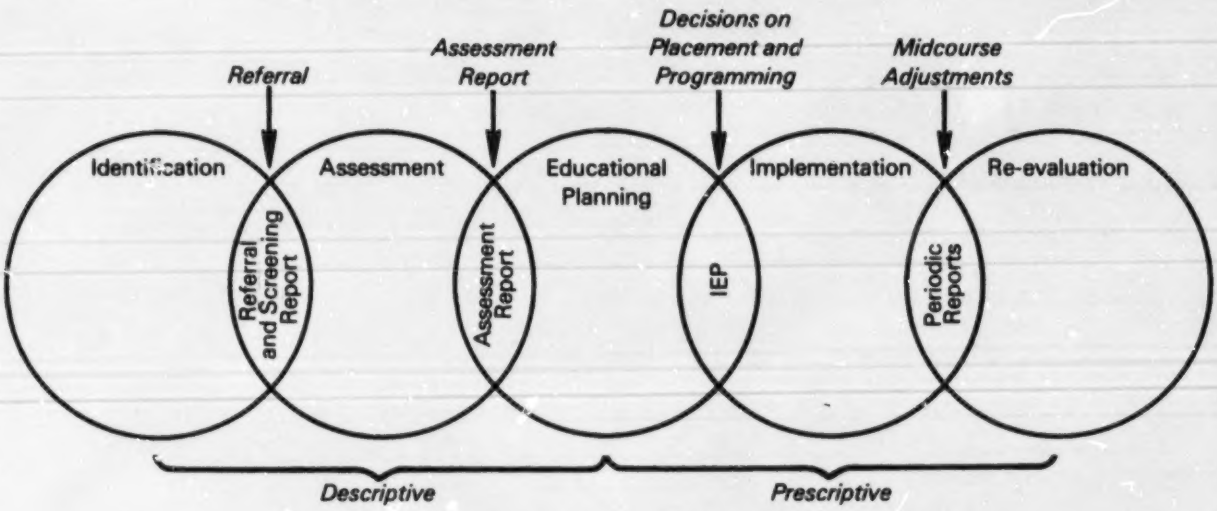


Figure 1: The Appraisal Process in Special Education

At each of the five stages in the appraisal process shown in Figure 1, data are collected to help make decisions about the child's program in the next stage. Screening information is collected in the Identification Stage; eligibility and programming data are gathered in the Assessment Stage; planning data are assembled and synthesized in the Educational Planning Stage; ongoing performance measures are assembled in the Implementation Stage. Periodic Re-evaluation concludes the process.

These stages are not mutually exclusive. There is definite overlap in the functions and responsibilities of those assigned to carry out each stage. Figure 1 illustrates how these stages overlap. The diagram also can help one understand the crucial difference between two different kinds of data used to make educational decisions about handicapped children: *descriptive* data and *prescriptive* data.

- *Descriptive* data are used almost exclusively to establish eligibility for special education and help make a placement decision;
- *Prescriptive* data are used to determine the fine points of educational intervention after eligibility and placement decisions have been made.

A useful assessment report will contain adequate amounts of *both* descriptive and prescriptive data, to assist the planning team in making all of the required decisions.

The processes portrayed in Figure 1 assume that student learning problems are related to a student's handicapping condition. If learning problems are related to other factors, such as inappropriate instructional arrangement, lack of previous school attendance, etc., these factors should be identified accurately and appropriate remedial steps taken. When a handicap is identified, as much information as possible is needed about the handicap to assist the instructional planning effort, since the handicap affects a student's ability to learn.

EXERCISE FOR CHAPTER I

List all the assessment instruments, techniques, tests, etc, that you can think of and check the column you feel is appropriate for the standardized use of that technique or test.

Test or Technique	*Descriptive*	*Prescriptive*

II The Functions of Assessment

OVERVIEW

1. Assessment for eligibility is primarily descriptive and yields data:
   a. to determine if a handicap is present,
   b. to determine if a student needs special education.
2. Assessment for programming is primarily prescriptive and yields data to be used in planning the specific elements of the student's program.
3. The assessment process should result in a single comprehensive report of assessment data from all sources, presented in simple terms useful to the IEP team.

The two functions of assessment must be examined from two major perspectives in keeping with the requirements of P.L. 94-142:*

Eligibility: Reporting of data for a decision regarding eligibility for special education services;

Programming: Reporting of data for educational planning by the IEP team.

The assessment criteria derived from each of these perspectives must conform to P.L. 94-142, state and local legislation, policies, and regulations. In addition to these criteria, individual assessment reports should be synthesized into *one* report for IEP planners. They should be clear, concise, and to the point. (See Chapter 3.)

Eligibility for Placement

The first function of an assessment report is to provide the data to answer two questions:

- Does a handicapping condition exist?
- Does the child require special education and/or related services to meet his/her unique educational needs?

Only when both questions can be answered "yes" does the IEP team proceed to make programming decisions about:

- annual goals,
- short-term objectives, and
- any related services required

(as well as their extent and duration).

But when the answer to one or both the questions is "no," the student is not eligible for special education services.

**Appendix I presents more detailed discussion regarding the two purposes of assessment.*

Educational Programming

The second function of the assessment team is to provide the IEP team with an adequate amount of useful and practical information to develop the student's individualized educational program. This is where the prescriptive data begins to be important. These data are needed to plan the student's program regardless of the nature of the handicap or the need. They specify the content of instruction that will or should take place.

Research has shown that decisions regarding the instructional program of a handicapped student are rarely assisted by data accumulated solely with a placement decision in mind. Usually it is not possible to translate eligibility data into programming data, and although teachers may plan directly from descriptive instruments such as WRAT, WISC, etc., this procedure can lead to faulty educational plans.

Criterion-referenced or competency-based performance measures are needed to show how well a student is functioning presently. These measures also will provide the IEP team with exact and specific information about the:

- rate of learning,
- level of understanding and mastery generally and specifically,
- teaching strategies that have proven successful or unsuccessful.

Assessment Reporting Process

Persons who prepare assessment reports should always keep in mind that the data will be used by the IEP team to make critical decisions and to create a product—the IEP.

The elements of the IEP are:

- Statement of educational performance;
- Annual goals;
- Short-term objectives;
- Special education services to be provided;
- Description of regular or special physical education program;
- Review schedule.

A functional IEP should meet this criteria:

- communicate clearly to teachers, parents, and administrators,
- serve as the basis for instruction,
- be the basis for evaluation,
- be meaningful for the child.

The types of information the IEP team needs from the assessment report are:

1. *a statement of present levels of performance*, stated in behavioral as well as in clinical terms,
2. the *implications* of such levels of eligibility and programming;
3. *recommendations* for goals/objectives and for special techniques;
4. *supporting data* including:

a. *test results:* The tests administered for placement should be specified, and their conclusions should be clear. The techniques used to obtain programming assessment data should present information in appropriate instructional areas, such as the various aspects of reading (comprehensive, word attack, etc.). If instruction is needed in physical areas, the report of a specialist might be needed to describe what these areas are, what to do, and where to begin.

b. descriptions of any *conditions that may have affected the validity of the tests used*, including any obvious disabilities and situational variables.

Since the IEP team may not be trained in the technicalities of assessment, and may not understand the "jargon" frequently found in assessment reports, all information should be presented in understandable terms. IEP teams can include parents, classroom teachers, administrators, and even the child assessed, when appropriate.

In summary, the assessment report given to the IEP team should be:

- relevant to instructional planning,
- brief and to the point,
- written in understandable language, and
- consistent with the requirements of P.L. 94-142.

The process used to develop an assessment report should result in a document that meets the four criteria above. Traditionally, assessors have performed individual tests, writing individual reports and presenting the results personally in an IEP team meeting.

This process often results in undesirable or inefficient outcomes:

- Staffing may become very cumbersome and expensive;
- Areas of responsibility are not always clear;
- Results are not necessarily relevant, concise, or simple;
- The process can consume great amounts of time, because the IEP team needs to translate the data into terms it can use for planning.

Figure 2 presents a suggested alternative process to overcome these undesirable outcomes. The process remains essentially the same but provides a point at which separate results of assessments are combined into a coherent single report that is directly usable by the IEP team. This report may then be presented by just one representative of the assessment process to the IEP team meeting.

The functions of the assessment team implied by this process may be summarized as:

- generating data,
- writing individual reports,
- translating and synthesizing report data,
- presenting comprehensive report to IEP team.

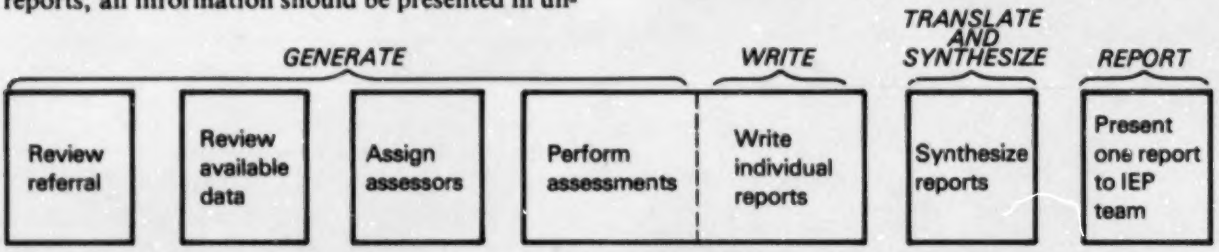


Figure 2. Recommended Assessment Reporting Process

III. Synthesizing and Reporting Assessment Information: A Format and a Step-by-Step Approach

OVERVIEW

1. It is essential that all assessment personnel contribute data to the report.
2. One person should be assigned the responsibility for synthesizing the assessment data and presenting it to the IEP team.
3. A useful technique for determining the comprehensiveness of an assessment report is to flag each paragraph with the area it addresses, e.g., cognitive, social, emotional, etc.

To be most useful to IEP planners, the assessment report must be relevant, brief, and understandable. The format on the following pages is suggested as a way of organizing information in the report.

In following this format, assessors should resolve inconsistencies and redundancies that may be found in different assessments, provide supporting observational evidence whenever appropriate, and summarize their results into educationally relevant statements. The full complement of data in individual reports may then be attached to the report as an appendix.

A Three-Step Process

The following three-step process is suggested for synthesizing the individual reports into a comprehensive report:

1. *Identify* the data from the reports of various assessment practitioners that relate to Physical Development, Cognitive Development, Social/Emotional Development, Educational Performance.

2. *Group* the assessment findings under each major heading;

3. *Rewrite* and edit each list to eliminate redundancy, to reflect critical assessment results, and to provide statements of the child's present level of functioning with an identification of strengths and needs.

The assessment data should be grouped into four major areas: Physical Development, Cognitive Development, Social/Emotional Development, and Educational Performance. These areas are chosen because they are commonly used and generally understood as educational assessment terms. They are convenient for organizing evaluation data, broad enough to include all major assessment areas, and yet specific enough to present the different kinds of information provided by the varied professionals who may contribute to the assessment. Assessors may choose to use additional or alternative categories.

This initial synthesis will begin to give an overall picture of the child's present level of functioning. It may also give some idea about what may be behind particular behaviors and impaired functioning, and it can show how the four areas are related to each other. Care should be taken to call attention to areas where a particular condition, such as physical development, may affect behavior in another area, such as social/emotional development.

In reporting the data to the IEP team, the assessor must remember that the IEP team is required to place the student in the least restrictive environment. The assessment data should, therefore, reflect the student's performance capabilities in as many alternative placement settings as possible, so that the IEP team can make the most informed placement decision.

SUGGESTED FORMAT

Child: _____

Date of Birth: _____ Age: _____

Sex: _____ Grade: _____

School: _____ Teacher: _____

Reason for referral:

Assessment techniques or instruments used:

Assessment Tool	*Evaluator*	*Date*

Observations during testing situations:

Results of assessment:

	Present Level of Functioning
Physical Development	
Cognitive Development	
Social/Emotional Development	
Educational Performance	
Data Interpretation: Student's Strengths and Needs	

Eligibility Recommendation:

Signed _____

Date _____

Each item of assessment information provided in the report should meet all of the following criteria:

- is based on assessment results,
- communicates clearly,
- relates to eligibility or IEP decisions,
- is descriptive, and
- is not prescriptive.

These criteria are explained in Table 1, together with some examples of statements which show contrasting ways of presenting assessment data.

TABLE 1

ASSESSMENT REPORT CRITERIA

Criterion	Explanation	Poor Example	Better Example
Based on results of assessment	Assessment statements are backed with objective data, not impressions or hunches	Is hard of hearing	Has 90% hearing loss left ear; 85% right ear
Communicates	Presents assessment data in everyday language, no jargon	Suffers strabismus, left eye	Cannot focus eyes together due to muscular imbalance in left eye
Relates to eligibility or IEP decisions	Presents only the assessment data which will aid in making these two decisions	Down's Syndrome	IQ 67; can perform self-help skills of six-year old; ties shoes, toilet trained, dresses self, can use fork, etc.
Describes behaviors	Presents what child can do or reactions to stimuli	Is inattentive	Had to refocus child's attention an average of four times per assessment task
Is not prescriptive	Assessment should not impose instructional strategies on IEP team	Needs behavioral therapy	Showed anger, then disruptive behavior throughout testing

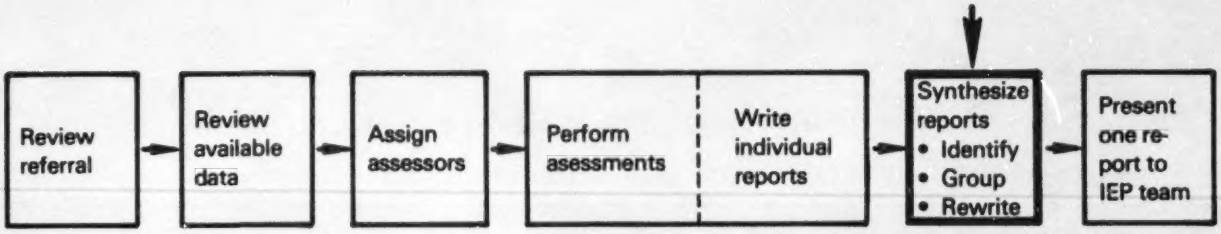
Table 2 shows "poor" and "better" sample statements relating to observations during testing, the child's present level of performance, and educational implications of particular assessment data.

TABLE 2

REWRITING ASSESSMENT STATEMENTS

	POOR	BETTER
Observations during Testing:		
Example 1:	responded negatively to testing	a. sat in chair for only 5 of the 30 minutes
Example 2:	easily distracted	a. had to regain child's attention 15 times
Statement of Present Level:		
Example 1:	functioning at the two-year level in communication	a. is able to say "mama" and "dada" b. makes his needs known by pointing and crying
Example 2:	has tunnel vision	a. is only able to see objects placed directly in front of him
Example 3:	scored 4.3 on WRAT	a. can multiply 1 digit numbers up to 9, but cannot multiply 2 digit numbers
Educational Implications:		
Example 1:	needs speech therapy	a. observe further for use of natural gestures for commmunication to determine level of non-verbal communication b. increase numbers of sounds used c. provide training in attaching known sounds to meaningful objects/actions
Example 2:	contact social services for medical consultation	a. place instructional objects in direct line of vision b. reduce number of objects

PRACTICE ACTIVITIES FOR SYNTHESIZING AND REPORTING



Practice activities are given below for synthesizing assessment information into the format suggested in the previous section. The assessment areas outlined in the suggested format may be explained as follows:

- *General physical functioning* includes motor development and impairments related to physical problems (e.g., hearing, vision, orthopedic and neurological disorders);
- *Intellectual or cognitive functioning* includes general intellectual ability,
- *Social/emotional functioning* includes the ability to relate to other persons, self-concept, attitude, and motivation.
- *Educational performance* covers levels of academic achievement.

Each area will probably be mentioned by each assessor, even though that area may not be the special focus of that person.

Practice Exercises

1. Identify. Read each of the statements in Exercise 1. In the right-hand column, indicate in which assessment area (physical, cognitive, social/emotional, and educational) that statement would be placed. (some may fit more than one area). Discuss your responses with another evaluator.

Exercise 1-Identifying Assessment Areas

Statement	*Assessment Area*
1. Demonstrates characteristics such as head banging, rocking	
2. Has nocturnal enuresis	
3. Uses some sign language	
4. Is clumsy	
5. Self-help skills are retarded	
6. Is shy around strangers such as evaluator	
7. Is well developed for her age	
8. Displays strabismus	
9. Deep tendon reflexes are present bilaterally	
10. Seems to have some light vision	

2. Group. The next step would be to group assessment content under each assessment area.

3. Rewrite. Read each of the following statements in Exercise 2 and criticize its usefulness for planning and its understandability. Then rewrite each statement in more appropriate language. Add more detail in the Rewrite column to provide more meaningful descriptive data. (Refer to Table 2 for examples). Have someone critique your new statements for clarity and usefulness to an IEP team.

Exercise 2-Writing Useful Performance Statements

Statement	*Critique*	*Rewrite*
1. Demonstrates characteristics such as head banging, rocking		
2. Has nocturnal enuresis		
3. Uses some sign language		
4. Is clumsy		
5. Self-help skills are retarded		
6. Is shy around strangers such as evaluator		
7. Is well developed for her age		
8. Displays strabismus		
9. Deep tendon reflexes are present bilaterally		
10. Seems to have some light vision		

Exercise 3: Critique of Sample Reports

Two sample synthesis reports are presented on the following pages, with a checklist on page 14 for the first report and another checklist following the second report. Critically evaluate whether or not each synthesis report meets the requirements established in Chapter III. You may want to share your critiques with other persons.

REPORT CRITERIA CHECKLIST

The following checklist of criteria for assessment reports can be used by assessors to make sure the report they deliver to the IEP team will be of maximum use in making educational planning (i.e., programming) decisions.

Reporting Criteria

____ 1. Report follows a consistent format.

____ 2. Report is clearly written and contains a minimum of jargon and technical terms.

____ 3. Report is concise and to the point; it focuses on the *results* of assessment.

____ 4. Report is comprehensive; i.e., it gives all the information necessary to make a responsible educational planning decision in physical, cognitive, social/behavioral, and educational programming areas.

____ 5. Report cites relevant examples and significant details.

____ 6. Report identifies patterns or syndromes.

____ 7. Report highlights strengths and weaknesses.

____ 8. Report uses as much behavioral language as possible.

____ 9. Report avoids prescriptive language.

____ 10. Overall, the report is a statement of the child's present level of functioning in the physical, cognitive, social/emotional and educational areas.

____ 11. Report contains a definite judgment of presence or absence of a specific handicap.

____ 12. Report includes signatures of all those contributing data.

Synthesis of Assessment Reports
3-17-78

Student: Ernest T. Parents: George & Margaret

D.O.B.: 11-1-67 Age: 10 - 7

Sex: Male Grade: 4

School: Washington Elementary Teacher: Ms. McCurdy

Reason for Referral: Ernest has been achieving poorly and erratically in all subjects this year. His performance in previous years has been low but it seems worse this year. The committee who evaluates referral felt that Ernest should be comprehensively assessed to determine precise problem areas, formulate interventions, and consider possible alternative placements when appropriate.

Assessment Techniques or Instruments Used:

Assessment Instruments:	Professional	Date
Wechsler Intelligence Scale for Children-R	May Woods	3-14-78
Peabody Picture Vocabulary Test - Form A	George Masters	2-21-78
Bender Gestalt Visual Motor Test	May Woods	3-14-78
Wide Range Achievement Test	Fran Johnson	3-7-78
Woodcock Reading Mastery Tests - Form A	Fran Johnson	3-7-78
Adaptive Behavior Inventory for Children	John Fisher	2-21-78
Sociocultural Modality Scale	John Fisher	2-21-78
Health History Inventory	John Fisher	2-21-78
Physical Dexterity Tasks	May Woods	3-14-78

Observations during Assessment:

Ernest: Ernest was somewhat shy and withdrawn and seldom initiated conversation for two of the examiners (Woods & Masters). In another testing session (Ms. Johnson) Ernest was characterized as somewhat reticent but enjoyed sharing his experiences when asked to describe his favorite activity. He was consistently cooperative with all assessment professionals and completed all tasks without complaint or noticeable fatigue.

Ernest's Parents: Ernest's mother was interviewed at the family's home. She commented that Ernest has had a hard time understanding what was read to him and had "no thinking power." She was concerned about Ernest's progress and hoped that the school would do something to help him more.

Results of Assessment:

I. Physical Development:

Ernest's birth history is normal, although delivery time was reported to be one hour. There are no recorded developmental problems. Records indicate regular childhood diseases and no serious illnesses or injuries. Vision

and hearing screenings (1976) were normal, and the April 25, 1975, medical examination results were normal, other than mention of the need for dental care.

On the Bender Gestalt Visual Motor Test (Koppitz), he made four scorable errors. This suggests a developmental lag in visual motor perception and visuoconstructive abilities, resulting in a perceptual age of approximately 8-0.

II. Cognitive Development:

On the Wechsler, Ernest obtained a Verbal score, Performance score and a Full Scale score which placed his general level of intellectual functioning within the Mentally Retarded range.

He made the following Scales Scores on the Wechsler subtests. (Average performance would be reflected by a scaled score of 10 on each subtest.):

Verbal	Scaled Score	Performance	Scaled Score
Information	3	Picture Completion	4
Similarities	5	Picture Arrangement	1
Arithmetic	4	Block Design	5
Vocabulary	2	Object Assembly	4
Comprehension	4	Coding	5
Digit Span	6	Mazes	5

A range of 5 scaled scores indicates the disparity Ernest experiences among the various process abilities measured on the WISC-R. Significantly low scoring occurred on all Verbal and Performance subtests.

According to Mercer's studies regarding sociocultural factors relationship with intelligence test scores, an Estimated Learning Potential was calculated for Ernest:

ELP Verbal	Borderline Range of intellectual functioning
ELP Performance	Mentally Retarded range of intellectual functioning
ELP Full Scale	Mentally Retarded range of intellectual functioning

On the PPVT (which tests receptive oral vocabulary), Ernest made a mental age score of 6 years 3 months and a receptive language quotient of 62.

III. Social/Emotional Development

Adaptive Behavior Inventory for Children

Ernest's scores are At Risk in Family, Community, Peer Relations, and Non-academic School Roles, but are not At Risk in Earner/Consumer and Self-Maintenance. Despite these low scores, the examiner concludes that Ernest's adaptive behavior is normal because of observations of Ernest both with adults and peers and that the low scores reflect the perceptions of his mother who is very sheltered.

Devereaux	Average Score	Student's Score
Classroom Disturbance	7	6
Impatience	10	10
Disrespect-Defiance	6	6
External Blame	7	8
Achievement Anxiwty	9	12
External Blame	7	13 +1SD
Achievement Anxiety	9	16 +1SD
External Reliance	14	25 +1SD
Comprehension	13	10
Inattentive-Withdrawn	9	20 +2SD
Irrelevant-Responsiveness	7	6
Creative Initiative	11	7 -1SD
Need Closeness to Teacher	14	19 +1SD

Ernest's scores on the Devereaux Elementary Behavior Rating Scale completed by his teacher suggest that his shy behavior and dependence upon teacher supervision is a significant area for intervention.

IV. Educational Performance:

The Wide Range Achievement Test indicates that Ernest functions from a mid third grade on reading recognition and spelling to the fourth grade level on written arithmetic.

Reading mastery is further depicted on the Woodcock. Although his score on Letter Identification was perfect, on the Word Identification Test at time Ernest would resort to Spanish pronunciation of vowels. For example, he pronounced the u in "public" as in "rumor," and in "Crime" the i as in "machine." In the Word Attack Test, he added consonants or syllables to the nonsense words, such as nent for nen, abs for ab, tashed for tash, etc. Ernest made associations but not close analogies in the Word Comprehension Test. On the Passage Comprehension Test, he didn't pay attention to Wholes, but utilized parts, such as answering "girls" instead of "children."

On the WRAT, he made the following scores:

	Grade Equivalent	SS	%ile
Reading	3.6	82	12
Spelling	3.7	83	13
Arithmetic	4.2	87	19

On the Woodcock Reading Mastery Tests, he achieved the following scores:

Test	R[1]	Relative Mastery at G[2]
Letter Identification	12.9	98%
Word Identification	3.1	32%
Word Attack	2.3	47%
Word Comprehension	2.3	37%
Passage Comprehension	1.9	8%
Total Reading	3.0	50%

R^1 is the grade level at which he is predicted to perform at 90% mastery those reading tasks on which average pupils at that grade level would also demonstrate 90% mastery.

Relative Mastery at G^2 indicates the predicted mastery when Ernest is given tasks similar to those that the average pupil at the 4th grade level could perform with 90% mastery.

I. DATA INTERPRETATION: STUDENT'S STRENGTHS AND NEEDS

A. General Ability Level:

Ernest functions within the Mentally Deficient range of overall intellectual ability. This determination rests on a highly verbal test (WISC-R) and consequently is probably somewhat depressed by bilingual interference.

B. Relative Strengths:

1. Written arithmetic. (WRAT)
2. Letter identification. (Woodcock)
3. Cooperative and friendly.

C. Relative Weaknesses:

1. Verbal processes. (WISC-R Verbal subtests and PPVT)
2. Performance processes. (WISC-R Performance subtests)
3. Word identification and attack, word and passage comprehension. (Woodcock)
4. Developmental lag in visual motor functioning and visuoconstructive abilities. (Bender)

Eligibility Recommendation:

Ernest continues to qualify for special education services. Although Ernest's WISC-R scores fall more than two standard deviations below the Mean, when the Estimated Learning Potential is calculated, his Verbal score falls in the Borderline range. His academic achievement scores are higher than would be expected of an EMR student; therefore L/LD appears to be an appropriate classification. Ernest should benefit from placement in a resource room where specific attention could be given to specific learning problems.

1. Continued placement in the L/LD resource room.
2. If possible, have the school counselor work with Ernest concerning any difficulties he may be experiencing in school as related to his shy, dependent behavior.
3. Suggested Program Priorities are appended.

_____ Signature

_____ Signature

_____ Signature

_____ Signature

Attachment: Suggested Program Priorities

Student: Ernest T.

A. Educational:

1. Reading and Spelling:
Note should be made of the Woodcock reading grade levels in conjunction with the developmental lag in visual motor abilities suggested by the Bender and the average mental age of 6-6 on the WISC-R. In reading and spelling, Ernest is functioning at a level appropriate for his true mental age, and remediation may depend on instruction. Nevertheless, improvement has been made, so continue concentrating on building receptive and expressive language. Although he achieved perfect letter identification on the Woodcock, on other subtests, possibly under pressure, he resorted to Spanish pronunciation of vowels. His sense of phonics still needs reinforcement.

Remedial reading often provides assistance for poor spelling and the approach to these skills should be unified. Build word patterns and encourage Ernest to keep a file of new words he has learned. Let him generate language stories (i.e. Fernald method) and type these up to be put into a "book" which is Ernest's very own. Encourage him to read the "book" all the way through at least once a week.

2. Arithmetic:
Though arithmetic is one of Ernest's stronger areas, he may require a very concrete application where he is allowed to touch, feel and move his way through new math concepts and functions. He will probably also require the consideration of extra time, instruction, and examples.

B. Behavioral (Social/Emotional):

No overt difficulties noted, except for the observed and reported shyness. If indeed Ernest is overly shy, opportunities can be provided him to succeed in secure situations. He cannot be pushed into overwhelming situations to force him out of his shyness. Also, discussing shyness with a child usually tends to only worsen the situation. As Ernest's verbal processes improve, correspondingly his shyness may decrease.

Referral is made to the school counselor to work with any acting out behavior Ernest manifests.

C. Other:

As with all students, allow Ernest ample opportunity for genuine success and praise, and follow the teaching implications of diagnostic clues.

Synthesis of Assessment Reports
3-11-78

Student: Danita F. Parents:

D.O.B.: 12-14-66 Age: 11 - 2

Sex: Female Grade: 5

School: Franklin Teacher: Joanne Johnson

Reason for Referral: Danita was considered for comprehensive assessment at the request of her mother and Ms. Johnson because of poor progress in both language arts and mathmatics. Additionally, her mother is having problems managing her at home.

Assessment Techniques or Instruments Used:

Assessment Tool:	Evaluator	Date
Wechsler Intelligence Scale for Children-R	George Dart	3-2-78
Bender Gestalt	George Dart	3-2-78
Devereaux Elementary Behavior Rating Scale	Joanne Johnson	3-1-78
Peabody Picture Vocabulary Test	Jim Henry	3-7-78
Informal health questionnaire	Virginia Stone	3-8-78
Wide Range Achievement Test	Jim Henry	3-7-78
Stanford Achievement Test	Joan Tuttle	2-1-78

Observations during Testing: Danita was noted by all examiners as an exceptionally cooperative child who readily followed directions. She showed a quick smile and appeared eager to please the examiner. When a task appeared too difficult she would say "that's too hard." Upon urging, she would try briefly and then give up and say "I just can't do it" or "I'm sorry but I still don't know."

Results of the Assessment:

I. Physical Development:

Danita was noted by her mother to be a full term infant weighing slightly less than seven pounds, with no complications during pregnancy and birth. Danita's only significant accident was a fall from a couch when an infant causing only momentary unconsciousness. Health records and parent's report indicate no other serious accidents or illnesses.

On the Bender Gestalt Visual Motor Test (SOMPA), Danta earned a scaled score of 43 and is not considered at risk.

II. Cognitive Development:

Danita earned a full scale score more than two standard deviations below the mean (retarded range) on the Wechsler Intelligence Scale for Children-Revised. She evidenced one elevated sub-test score in the low average range on Picture Completion, a measure of visual perception. She showed

relatively greater strength on the verbal scale than on the performance scale and her overall performance earned her a score in the retarded range. Danita's Estimated Learning Potential Score elevates her verbal score to the Borderline Range.

Danita's Peabody Picture Vocabulary Test score places her verbal performance at the seventh (7) percentile. It is the examiner's impression that Danita's tendency to give up easily may have depressed her potential score on the PPVT.

III. Social/Emotional Development:

Adaptive Behavior Inventory for Children

Danita's scores are at Risk in Family, Community, Non-academic School Roles, Earner/Consumer, Self-maintenance and her one Not at Risk score is in peer relations. Danita's family is average as compared to its ethnic group in family size and family structure. Her family socio-economic status rates below the first percentile.

The Devereaux Elementary Behavior Rating Scale completed by Danita's teacher indicate the following possible areas for intervention: classroom disturbance (+2SD), Disrespect - Defiance (+2SD), External Blame (+2SD), Comprehension (-2SD) and Irrelevant - Responsiveness (+2SD).

IV. Educational Performance:

The Wide Range Achievement Test indicates Danita functions from a beginning third grade level on reading recognition and spelling to mid third grade level on written arithmetic. On the WRAT, she made the following grade equivalent scores: Reading, 3.0; Spelling, 3.2; and Arithmetic, 3.5.

On the Stanford Achievement Test (Intermediate Level I), Danita earned the following stanine scores:

Test	Stanine
Vocabulary	1
Reading Comprehension	1
Word Study Skills	1
Mathematics Concepts	2
Mathematic Computation	1
Mathematics Applications	2
Spelling	2
Language	1
Social Science	1
Science	1
Listening Comprehension	2
Total	1

Eligibility Recommendation:

Danita continues to qualify for the special education services. Her WISC-R scores fall more than two standard deviations below the mean although when the Estimated Learning Potential is calculated her Verbal Score falls in the borderline range. Academically, Danita's achievement potential appears inhibited by her present behavioral difficulties both at home and at school although in peer relations Danita appears to be adjusting adequately. 1. Her adpative behavior is at risk in every area except one, and therefore; the continued EMR classification is appropriate at this time. Danita seems to need continued long range special education intervention to attain and maintain appropriate academic progress. 2. Her parents might be encouraged to work with either or both the school psychologist and community psychological services to aide them in coping with Danita's present defiant and aggressive home behavior. Danita's teachers might also aide her parents with helping Danita assume more responsibility for self-maintenance and greater experience as an earner/consumer.

Signed	Signed
Date	Date

REPORT CRITERIA CHECKLIST

Reporting Criteria

____ 1. Report follows a consistent format.

____ 2. Report is clearly written and contains a minimum of jargon and technical terms.

____ 3. Report is concise and to the point; it focuses on the *results* of assessment.

____ 4. Report is comprehensive; i.e., it gives all the information necessary to make a responsible educational planning decision in physical, cognitive, social/behavioral, and educational programming areas.

____ 5. Report cites relevant examples and significant details.

____ 6. Report identifies patterns or syndromes.

____ 7. Report highlights strengths and weaknesses.

____ 8. Report uses as much behavioral language as possible.

____ 9. Report avoids prescriptive language.

____ 10. Overall, the report is a statement of the child's present level of functioning in the physical, cognitive, social/emotional and educational areas.

____ 11. Report contains a definite judgment of presence or absence of a specific handicap.

____ 12. Report includes signatures of all those contributing data.

IV. The Law and the Assessment Process

OVERVIEW

Public Law 94-142 ensures that:

1. Each handicapped child must receive a complete, individual evaluation;
2. Tests and evaluation procedures must not be racially or culturally discriminatory;
3. Judgments must be based on overall educational need and not solely on a single intelligence score;
4. Handicapped children must be re-evaluated every three years;
5. A variety of assessment data will be used in the IEP development;
6. Parents' and children's rights are protected and due process is guaranteed.

P.L. 94-142 addresses eight different areas of concern regarding assessment. Each aspect of an assessment program must comply with the law.

Table 3 lists the assessment functions with the specific requirements of the P.L. 94-142 regulations that pertain to them. Assessment teams may use Table 3 as a checklist for compliance with P.L. 94-142 as they develop assessment reports.

TABLE 3
ASSESSMENT FUNCTIONS AND P.L. 94-142

• Individual evaluation required prior to special education placement	**§ 121a.531 Preplacement evaluation.** Before any action is taken with respect to the initial placement of a handicapped child in a special education program, a full and individual evaluation of the child's educational needs must be conducted in accordance with the requirements of § 121a.532.
	PROTECTION IN EVALUATION PROCEDURES
• Non-biased assessment procedures required	**§ 121a.530 General.** (a) Each State educational agency shall insure that each public agency establishes and implements procedures which meet the requirements of §§ 121a.530-121a.534. (b) Testing and evaluation materials and procedures used for the purposes of evaluation and placement of handicapped children must be selected and administered so as not to be racially or culturally discriminatory. (20 U.S.C. 1412(5)(C).)
Evaluation Criteria	**§ 121a.532 Evaluation procedures.** State and local educational agencies shall insure, at a minimum, that: (a) Tests and other evaluation materials:
• Native language requirement	(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;
• Valid use of tests	(2) Have been validated for the specific purpose for which they are used; and
• Administered by trained personnel	(3) Are administered by trained personnel in conformance with the instructions provided by their producer;
• Not I.Q. only	(b) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;

- Must measure aptitude or achievement, not just reflect impairment

(c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure);

- More than one procedure

(d) No single procedure is used as the sole criterion for determining an appropriate educational program for a child; and

- Evaluation team

(e) The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.

- Comprehensive assessment

(f) The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

§ 121a.534 Reevaluation.

Each State and local educational agency shall insure:

(a) That each handicapped child's individualized education program is reviewed in accordance with §§ 121a.340—121a.349 of Subpart C, and

- Re-evaluation every 3 years

(b) That an evaluation of the child, based on procedures which meet the requirements under § 121a.532, is conducted every three years or more frequently if conditions warrant or if the child's parent or teacher requests an evaluation.

§ 121a.500 Definitions of "consent", "evaluation", and "personally identifiable".

As used in this part: "Consent" means that: (a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;

- Parental consent required prior to evaluation

(b) The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and

(c) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

- Consent necessary only for individual evaluation

"Evaluation" means procedures used in accordance with §§ 121a.530—121a.534 to determine whether a child is handicapped and the nature and extent of the special education and related services that the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class.

Use of Assessment Data by IEP Team

§ 121a.533 Placement procedures.

(a) In interpreting evaluation data and in making placement decisions, each public agency shall:

- Variety of sources of information required for decision making

(1) Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;

- Information must be documented

(2) Insure that information obtained from all of these sources is documented and carefully considered;

- Knowledgeable assessors

(3) Insure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and

- Least restrictive environment

(4) Insure that the placement decision is made in conformity with the least restrictive environment rules in §§ 121a.550—121a.554.

(b) If a determination is made that a child is handicapped and needs special education and related services, an individualized education program must be developed for the child in accordance with §§ 121a.340—121a.349 of Subpart C.

Confidentiality of Records

- Consent required prior to disclosure of records

§ 121a.571 Consent.

(a) Parental consent must be obtained before personally identifiable information is:

(1) Disclosed to anyone other than officials of participating agencies collecting or using the information under this part, subject to paragraph (b) of this section; or

(2) Used for any purpose other than meeting a requirement under this part.

(b) An educational agency or institution subject to Part 99 of this title may not release information from education records to participating agencies without parental consent unless authorized to do so under Part 99 of this title.

(c) The State educational agency shall include policies and procedures in its annual program plan which are used in the event that a parent refuses to provide consent under this section.

- Destruction of records

§ 121a.573 Destruction of information.

(a) The public agency shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide educational services to the child.

(b) The information must be destroyed at the request of the parents. However, a permanent record of a student's name, address, and phone number, his or her grades, attendance record, classes attended, grade level completed, and year completed may be maintained without time limitation.

- Parental right to review records

§ 121a.562 Opportunity to examine records.

The parents of a handicapped child shall be afforded, in accordance with the procedures in §§ 121a.562—121a.569 an opportunity to inspect and review all education records with respect to:

(a) The identification, evaluation, and educational placement of the child, and

(b) The provision of a free appropriate public education to the child.

- Parental right to amend records

§ 121a.567 Amendment of records at parent's request.

(a) A parent who believes that information in education records collected, maintained, or used under this part is inaccurate or misleading or violates the privacy or other rights of the child, may request the participating agency which maintains the information to amend the information.

(b) The agency shall decide whether to amend the information in accordance with the request within a reasonable period of time of receipt of the request.

(c) If the agency decides to refuse to amend the information in accordance with the request it shall inform the parent of the refusal, and advise the parent of the right to a hearing under §121a.568.

Appendix 1

A Further Exploration of the Two Purposes of Assessment

by James A. Tucker, Ph.D., Henry W. Morrow, Ed.D., and W. Alan Coulter
Texas Regional Resource Center

In the context of this manual, the two major purposes or functions of assessment are:

(1) Data collection to diagnose or identify a specific handicapping condition leading to eligibility for placement in a special education program, and

(2) Data collection to determine an individual's strengths and weaknesses in special preacademic, academic, or vocational skill areas, which leads to the development of a basic instructional or educational plan.

The first purpose deals with identification and placement issues, the second with intervention and programming issues.

What factors have led to these two major purposes of assessment, and what is the major product of each? Identification/placement is a function of administrative, legislative, and funding factors. In order to receive federal and state funds, and to comply with various guidelines and procedures accompanying these allocations, assessment must involve data collection to determine a specific handicapping condition. Such assessment procedures should yield particular information for an identification (e.g., this child is or is not mentally retarded). Although this function has been widely criticized (9, 1, 7, 12) for its negative effects on the expectations of teachers and students, current legislation and regulations require more, rather than less, emphasis upon labeling. For example, the Education for All Handicapped Children Act (P.L. 94-142) now requires a precise child count of identified handicapped children for pupil reimbursement rather than lump sum grants to states to support special education programs. Guidelines, policies, procedures, and disbursement of funds are also related to specific handicapping conditions.

The term "identification," rather than "diagnosis," is used because it reflects more accurately the result of this type assessment. Diagnosis is a medical term meaning an investigation into the cause of a problem. Most assessment to determine eligibility for special education involves finding out if a particular student's assessment profile is comparable to the requirements for a given handicapping condition. For example, one requirement for the label mental retardation is significantly subaverage intellectual functioning. This is an educational rather than a medical determination. It should be noted, however, that pupil appraisal personnel often do diagnose (determine causes of) specific educational problems such as reading failure due to inability to discriminate initial consonant sounds. The end product of this type of assessment is a determination of specific eligibility (e.g., this child is or is not eligible for special education services as mentally retarded, emotionally disturbed, etc.).

The historical purpose of intervention/programming originated from a demand from teachers for more relevant information derived from assessment procedures to guide classroom instruction. This demand has been formalized in guidelines accompanying funding legislation such as P.L. 94-142, where directions for developing an individualized education program (IEP) for every handicapped child are described. To fulfill the intent of intervention/programming, different types of data need to be collected that focus on measuring a student's current level of knowledge in primary academic subjects, or in subjects appropriate for instruction at various developmental levels. Data are also needed to estimate the specific skills acquired within these areas, the estimated rate of learning, and the student's learning style. The optimum result of this type of assessment is an individualized education program that specifies (a) objectives to be accomplished, (b) circumstances under which the objectives will be accomplished, (c) criterion level for success in measurable terms, and (d) anticipated date of completion.

The distinction of at least two types of assessment based upon the purpose of evaluation is somewhat arbitrary, but it is nevertheless helpful

and similar to those noted by Bernal (1) and Oakland and Matuszek (11). Oakland and Matuszek describe assessment as having two functions: (a) classification, and (b) intervention planning and evaluation. Bernal specifies the function of assessment as classification and educational programming, and decision making and intervention.

Using the conceptual framework of the two purposes of assessment, many intra-assessment issues can be examined more easily. For instance, the framework allows criticism of testing on the basis of ethnic and minority bias to be directed toward tests used in assessment for identification/placement (1, 7). When practitioners are concerned about using nonbiased or least-biased assessment procedures, they should examine tests which can be used to designate eligibility for placement as handicapped. The concern for improper or discriminatory labeling is appropriately directed toward tests which identify a handicapping condition, and not toward test data related to intervention strategies. Tests which assist in designing intervention programs are not usually considered biased because the objective is remediation, not classification.

On the other hand, the contention that tests should furnish information that can be applied in the classroom (5, 6, 8, 10, 14) should properly be directed toward tests used in assessment for intervention/programming. Some tests have already been heavily criticized because they do not seem to contribute much to educational planning. Blanco (2) summarizes typical criticism when he paraphrases a teacher, "I get only an 'official label' . . . the psychologist only describes the problems; what about ideas to help the child?" (p. 5). It seems unfair to criticize tests designed to determine eligibility because they do not provide specific information for intervention planning. These tests were never designed to assist in specific intervention/programming; using an identification/placement test for this purpose is inappropriate.

Another intra-assessment issue, test selection, has been re-emphasized through regulations for public laws 94-142 and 93-112, Section 504. Paraphrasing the regulations concerning assessment, practitioners are required to: (a) use tests and other assessment materials which have been validated for the purposes for which they are being used, (b) administer only those tests which are applicable to their training, (c) administer tests only in conformance with the instructions in the manual, (d) include tests which will assess specific areas of educational need, (e) not base decisions on a test that yields a single intelligence quotient, (f) not select and administer tests to an impaired student so that results fail to reflect accurately the student's aptitude, achievement, etc. (2). These federal requirements will require careful scrutiny both of tests being used and of tests being considered for use.

Using the two distinct purposes or functions of assessment as a conceptual base, tests can be selected that conform to federal regulations and yield the desired information.

Assessment for identification/placement most often involves tests normed on non-handicapped populations. These tests make identification easier *because* of the way they have been normed, a process involving the comparison of all individuals to each other rather than to some absolute standard.

But assessment for intervention/programming may include instruments other than standardized tests. At this point in the assessment process, norm-referenced tests (especially those tests which have norms for specific handicaps), informal data collection, observation in situation-specific activities, and criterion-referenced tests may all play a part (10, 4, 15). The objectives at this stage of assessment frequently require that the individual be compared to some absolute standard rather than to a peer group or normal population. Outcomes of this assessment should further specify the individual's problem areas and outline the intervention steps needed to remediate those problems. This type of assessment is often recurrent (if not ongoing) and uses a wide range of personnel, sometimes even the handicapped person.

This distinction between the two purposes of assessment, when used in selecting tests, implies that no single test can fulfill both intents or functions. However, when selecting which particular tests or procedures are best for identification/placement vs. intervention/programming, the distinction is seldom precise; some tests may have relative value for both purposes. The efficacy of a dual function test has not yet been thoroughly investigated; but in general, a test designed for this dual process usually suffers in overall effectiveness (13). Most available tests are best used for either identification/placement or intervention/programming, but not for both.

Summary

The issues, new regulations, and changing requirements regarding assessment may apply differently when testing is directed toward identifying the presence or absence of a handicap as opposed to when assessment is used to designate educational intervention programming. The selection of tests and their interpretation may be different, depending upon the assessment purpose.

When a practitioner is confronted with a question or controversy about assessment, the first step toward an answer or resolution is deciding which purpose of assessment is being discussed. Thus, for example, the controversy over test bias and discrimination should be viewed in relation to the function of identification/placement. Similarly the controversy over the relevance of tests and their contribution to the educational process should be viewed in relation to the function of intervention/programming.

This distinction between the two purposes of assessment makes it necessary to change the content and communication of child evaluation information. It is this task that the manual seeks to assist.

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Appendix 2

Annotated Bibliography on Assessment

Bogatz, B. E. *A national survey of assessment programs and procedures: with bias toward none*. Lexington, Ky.: Coordinating Office for Regional Resource Centers, 1978.

This book not only reports on exemplary assessment team designs implemented in selected public schools but highlights each specific area of the assessment process (e.g. intelligence, adaptive behavior, etc.). A selective bibliography on nondiscriminatory assessment is also included.

Boston, Bruce O. *A directory of resources on P.L. 94-142*. Washington, D.C.: George Washington University, Institute for Educational Leadership, 1977.

Carver, R. P. Two dimensions of tests: Psychometric versus edumetric. *American Psychologist*, 1974, *29* (6), 512-518

The two functions of assessment are discussed in terms of student outcomes and edumetric versus psychometric reflects the measurement oriented perspective of the author.

Coulter, W. A., & Morrow, H. W. What is psychological assessment? Identification versus intervention. *Texas Psychologist*, 1978, *30* (1), 14-17.

The two functions of assessment are discussed in terms of the types of information and decisions required by current laws and professional practices.

Drew, C. J. Criterion-referenced and norm-referenced assessment of mincrity group children. *Journal of School Psychology*, 1973, *11* (4), 323-329.

This article helpfully outlines the distinction between norm-referenced and criterion-referenced testing. Characteristics and assumption of each type of testing are discussed.

Duffey, J. B., & Fedner, M. L. Educational diagnosis with instructional use. *Exceptional Children*, 1978, *44* (4), 246-251.

A convincing case is developed for a type of assessment which can be more useful in instructional environments.

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